

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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3						
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33		/				
34		/				
35		13				
36		11				
37		11				
38		11				
39		11				
40	1					
41						
42						
43						
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47						
48						
49		9				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		9				
52		1				
53		8				
54		8				
55		8				
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99						
100						
TOTAL IND.	2					
TOTAL DEP.		143				
TOTAL CLAIMS		145				